


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K00843**  
 1. Entity Name  
**ENCOMPAS UNLIMITED, INC.**



Principal Place of Business      Mailing Address  
**2219 WHITFIELD DRIVE**      **PO. BOX 516**  
**SARASOTA, FL 34243 US**      **TELLERVAST, FL 34270 US**

**DO NOT WRITE IN THIS SPACE**



02112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2867362**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLYNN, MARY E.**  
**2219 WHITFIELD DRIVE**  
**SARASOTA, FL 34243**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLYNN, MARY E.
STREET ADDRESS	15730 OLD STATE RD. 4A
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042
TITLE	VPT
NAME	FLYNN, MARYBETH
STREET ADDRESS	5140 WINDWORD AVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Flynn*      12-21-05 (941) 757-3385  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #